

Consent form

We are required to collect, process and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives, reinsurance partners, independent medical experts, independent service providers or sub- contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Momentum has collected, processed and shared.

Contact details

To submit a claim, follow up on a claim, or to provide us with additional required documentation, you can contact us in any of the following ways. Our office hours are from 8:00 – 17:00.

E-mail: **deathclaims@momentum.co.za**
lumpsumclaims@momentum.co.za
incomeclaims@momentum.co.za

Or call us for more information:

Sharecall (South Africa): **0860 44 11 11**
Tel: **+27 12 675 3052**
International: **+27 11 505 1552**

1: Contact person for the claim

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Telephone - work	<input type="text"/>	Cellphone number	<input type="text"/>		
E-mail address	<input type="text"/>				

2: Personal details of the insured life

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Identity number	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax reference number	<input type="text"/>				
Residential address	<input type="text"/>				
	<input type="text"/>	Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone - work	<input type="text"/>	Telephone - home	<input type="text"/>		
Cellphone number	<input type="text"/>				
E-mail address	<input type="text"/>				

3: Medical aid details

Main member	<input type="text"/>				
Medical aid name	<input type="text"/>				
Medical aid number	<input type="text"/>				
Records requested from	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>

4: Doctor's details

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Practice address	<input type="text"/>					
	<input type="text"/>				Postal code	<input type="text"/>
Telephone - work	<input type="text"/>			Cellphone number	<input type="text"/>	
E-mail address	<input type="text"/>					
Practice number	<input type="text"/>					
Qualifications	<input type="text"/>					

5: Revenue services assessment requirements

This section is only applicable to Retirement annuities and Namibian income disability benefits.

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
ID/Passport number/Other identification	<input type="text"/>			Date of birth	<input type="text"/>	
Country of issue	<input type="text"/>					
Last residential address	<input type="text"/>				Postal code	<input type="text"/>
Income tax number	<input type="text"/>				(compulsory for tax purposes)	
Financial years assessments are requested	<input type="text"/>	to	<input type="text"/>			

6: Declaration

I hereby authorise any medical practitioners, hospitals, clinics, medical aid schemes, pathology, pharmacies, SARS, any other financial institutions or any other source to furnish to Momentum or its representative any details relating to any illness or injury to the insured life, or such other information as may be necessary to consider this claim. I know and understand the confidential nature of medical information. By appending my signature at the end of this declaration, I am agreeing that I have given permission to Momentum to obtain medical information and evidence from and/or through third parties without it being seen as a breach of my right of privacy and confidentiality. I further agree that any authorised medical personnel or practitioner may release confidential information to Momentum or other person acting on their behalf and, in such manner, or method as Momentum may direct.

I indemnify Momentum and its directors, agents and employees against any claim of whatever nature which may be made against them as a result of or arising out of the furnishing of such information. Where the conditions of the policy so allow, I irrevocably authorise Momentum to deduct any expenses incurred by it in respect of this claim and for which I am liable from the benefits payable under the policy.

Signed at	<input type="text"/>	Date	<input type="text"/>
Signature of policyholder	<input type="text"/>	Signature of insured life	<input type="text"/>